



Department of Veterans Affairs

STOCK REPLENISHMENT REQUEST

NOTE: Always complete those blocks with asterisks (*).

FPD NO.	DATE	SUSPENSE 15 DAYS FROM THIS DATE	*FMS ACC NO.		*STATION NO.	*REQUEST NO.	FY	
*ITEM NO. AND/OR TITLE OR DESCRIPTION			REVISED DATE	*COST CENTER	*FUND CTR. PT.	*SUBACCOUNT		
*ACTION BY CONTROLLING SERVICE <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED REASON FOR DISAPPROVAL OR REMARKS			NO. OF PAGES	*TOTAL QUANTITY NEEDED	UNIT	FINISHED SIZE X		
REASON FOR DISAPPROVAL OR REMARKS			DEPOT ISSUES	QUANTITY	IN MONTHS		GROUP	
			DEPOT STOCK ON HAND	ECONOMICAL ORDER QTY.	CARTON AMOUNT	STANDARD PACK		
			TEXT	COLOR AND KIND OF PAPER		SUB.(LB)	INK COLOR	
			COVER	COLOR AND KIND OF PAPER		SUB.(LB)	INK COLOR	
*AUTHORIZED SIGNATURE (Publications Control Officer)			*DATE	DIVIDER	COLOR AND KIND OF PAPER	POS. NO.	SUB.(LB) INK COLOR	
*ACTION BY CONTROLLING FORMS MANAGER <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED REASON FOR DISAPPROVAL OR REMARKS			PRINT <input type="checkbox"/> FACE ONLY <input type="checkbox"/> HEAD TO HEAD <input type="checkbox"/> HEAD TO FOOT <input type="checkbox"/> OTHER (Specify in remarks)				PAPER BAND <input type="checkbox"/> YES	
REASON FOR DISAPPROVAL OR REMARKS			BIND	STITCH POSITION <input type="checkbox"/> TOP OR SIDE <input type="checkbox"/> SADDLE	NO. OF STAPLES	PERFECT BIND <input type="checkbox"/> YES	ISSUE SUBJECT TO PAGE CHANGES <input type="checkbox"/> YES	
			DRILL	SHAPE	NO. HOLES	DIAMETER	INCHES C TO C	POSITION
			PAD	SHEETS PER SET	SETS PER PAD X	SHEETS PER PAD =	POSITION	
			PALLETS REQUIRED <input type="checkbox"/> YES <input type="checkbox"/> NO				STANDARD PACKAGE QUANTITY	
*JOB TO BE COMPLETED		*INITIALS	*DATE	*SIGNATURE AND TITLE OF AUTHORIZED OFFICIAL				*DATE
DATE	PREMIUM AND/OR OVERTIME AUTHORIZED <input type="checkbox"/> YES							

TO BE COMPLETED BY PUBLICATIONS SERVICE ONLY

ROUTING	DUE OUT	IN	OUT	COMPOSITION WORK COMPLETED <input type="checkbox"/> IN HOUSE <input type="checkbox"/> COMMERCIAL		DATE
ART & DESIGN				PROOF REQUIRED <input type="checkbox"/> YES <input type="checkbox"/> NO	OLD NEGATIVE TO BE DESTROYED <input type="checkbox"/> YES <input type="checkbox"/> NO	PRINT FROM ATTACHED COPY <input type="checkbox"/> YES <input type="checkbox"/> NO
PROCUREMENT				FOLD <input type="checkbox"/> YES <input type="checkbox"/> NO		
FEDERAL 2012				RECEIVING REPORT		
COMMERCIAL 2014				DEPOT STOCK	INITIAL DISTRIBUTION	OTHER
PROCUREMENT NO.				CERTIFY THAT QUANTITIES INDICATED HAVE BEEN <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL		
PURCHASE ORDER NO.				SIGNATURE AND TITLE		DATE RECEIVED

REMARKS	COPY CTR	6131	TOTAL MFG.	4139	CONTROL NO.
	\$		\$		
	A/D & I	6142	SCHEDULE		
	\$		\$		
	COMP.	6143	TOTAL		
	FED. 2012		P. TRANS. 3119		
	COMM. 2014		TOTAL W/TRANS.		
	\$		\$		



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PROCUREMENT				FOLD		PERFORATION <input type="checkbox"/> YES <input type="checkbox"/> NO
FEDERAL 2012				RECEIVING REPORT DEPOT STOCK INITIAL DISTRIBUTION OTHER		
COMMERCIAL 2014				CERTIFY THAT QUANTITIES INDICATED HAVE BEEN <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL		
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